



## KNOW YOUR CUSTOMER FORM (KYC)

PERSONAL DETAILS						
SURNAME:						
FIRST NAME:						
OTHER NAME(S):						
MARITAL STATUS				GENDER:		
M	S	W	D	M	F	
DO YOU HAVE A BANK ACCOUNT? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, PROVIDE BANK DETAILS AS FOLLOWS;			
			1. BANK NAME: _____			
			2. ACCOUNT NAME: _____			
			3. ACCOUNT NUMBER: _____			
			4. BRANCH NAME: _____			
DO YOU HAVE A MOBILE MONEY WALLET? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, PROVIDE THE FOLLOWING DETAIL:			
			1. NAME OF MOBILE NETWORK: _____			
			2. ACCOUNT NAME: _____			
			3. ACCOUNT NUMBER: _____			
NAME OF PARTNER:						
GENDER OF PARTNER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>						
DO YOU HAVE ANY CHILDREN/DEPENDANTS? YES <input type="checkbox"/> NO <input type="checkbox"/>				IF YES, PLEASE INDICATE THE NUMBER OF CHILD(REN)/DEPENDANTS:		
				_____		
WHAT IS YOUR EMPLOYMENT STATUS? EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/>						
WHAT IS YOUR OCCUPATION?						
WHAT IS YOUR AVERAGE MONTHLY INCOME? GHS _____						
NATURE OF INCOME: DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHERS _____						
HOW MUCH DO YOU EXPECT TO SAVE MONTHLY FOR YOUR PENSION? GHS _____						
HOW MUCH DO YOU EXPECT TO RECEIVE AS PENSION INCOME MONTHLY? GHS _____						
EDUCATIONAL LEVEL: NONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> TERTIARY <input type="checkbox"/> SPECIFY _____						